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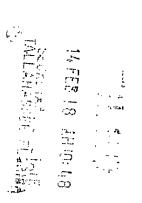
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J. Stavers FEB 1.9 2014.

## **COVER LETTER**

CR2E062 (12/13)

TO: Registration Section Division of Corporations	
SUBJECT: CEGalted. UC.	
Name of Limited Liability	y Company
Dear Sir or Madam: A straight with the straight of the straigh	
The enclosed Statement of Correction and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	g:
Eluis Chovens.  Name of Person	<del>-</del>
Legal ted. UC.	
√Firm/Company	
Address	-
City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elvis Chovens at 305	322-4878
Name of Person Area Code	Davtime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\sum \text{Certificate of Status}\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	The name of the limited liability company is:	
	Legal ted., UC.	
<u>SECO</u>	ND: Document to be corrected is:	
	Registered Agent (correct the (\$) to (2) E and symble.	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
À	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect and the corrected statement are as follows:	t,
	we put an 5 on the legistered Agent's name	
	and it as (cd) x and symbol please correct	
	thanh you!	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
	50. To	
	Winter CO	
	<u>OR</u>	
	The electronic transmission of the record was defective.	
	7-11-14.	
Sig	nature of Authorized Representative Date	

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)